# Health Care Claim: Professional  837
## Map from Short/Doyle to 837P

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All information should be verified with the HIPAA standard Implementation Guide ASC X12N 837 (004010X098).  This is a HIPAA readiness document authored by ADP. Some information is from external sources and may not be verified.  Information presented is believed to be accurate but is subject to change.  Unless noted otherwise, this is a working document. All material must be viewed in the context of your own organization and environment.  Legal opinions or decision documentation may be needed to apply/interpret it. | | | | | | | | | | | | | | |
| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | U S E | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Eleme nt No. | LOOP | Attributes | | | RE PE AT |
| | | | | | | | | | | FUNCTIONAL GROUP: HC | TABLE 1 - HEADER | | | | | | | | |
| 3 | | | | | | **ST** | | 62 | R | | TRANSACTION SET HEADER | | ST | | HEADER | | | | 1 |
| | | | | | | 837 | | | | MUST BE 837 | | TRANSACTION SET IDENTIFIER CODE | ST01 | 143 | HEADER | M | ID | 3/3 | |
| | | | | | | count | | | | MUST MATCH VALUE IN SE02 | | TRANSACTION SET CONTROL NUMBER | ST02 | 329 | HEADER | M | AN | 4/9 | |
| 6 | | | | | | **BHT** | | 63 | R | | BEGINNING OF HIERARCHICAL TRANSACTION | | BHT | | HEADER | | | | 1 |
| | | | | | | 19 | | | | 0019 | | HIERARCHICAL STRUCTURE CODE | BHT01 | 1005 | HEADER | M | ID | 4/4 | |
| | | | | | | 00 | | | | 00=ORIGINAL 18=REISSUE | | TRANSACTION SET PURPOSE CODE | BHT02 | 353 | HEADER | M | ID | 2/2 | |
| | | | | | | ### | | | | Inventory file number - acts as a batch control # | | REFERENCE IDENTIFICATION | BHT03 | 127 | HEADER | O | AN | 1/30 | |
| | 15 | 20 | | | Date Submitter created the file | CCYYMMDD | | 64 | | | TRANSACTION SET CREATION DATE | DATE | BHT04 | 373 | HEADER | O | DT | 8/8 | |
| | | | | | | HHMM | | | | | | TIME | BHT05 | 337 | HEADER | O | TM | 4/8 | |
| | | | | | all chargeable or don't know | CH | | | | CH=FEE-FOR-SERVICE RP=ENCOUNTERS | | TRANSACTION TYPE CODE | BHT06 | 640 | HEADER | O | ID | 2/2 | |
| 13 | | | | | | **REF** | | 66 | R | | TRANSMISSION TYPE IDENTIFICATION | | REF | | HEADER | | | | 1 |
| | | | | | | 87 | | | | 87 | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | HEADER | M | ID | 2/3 | |
| | | | | | add a D at end for demo | 4010X098 | | | | VERSION NUMBER | | REFERENCE IDENTIFICATION | REF02 | 127 | HEADER | X | AN | 1/30 | |
| 16 | | | | | | | | | | **1000A** | LOOP ID - 1000A SUBMITTER NAME | | | | | | | | 1 |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | | | | | | **NM1** | | 67 | R | | SUBMITTER NAME | | NM1 | | 1000A | | | | 1 |
| | | | | | | 41 | | | | 41 (SUBMITTER) | | ENTITY IDENTIFIER CODE | NM101 | 98 | 1000A | M | ID | 2/3 | |
| | | | | | | 2 | | | | 1=person 2=non-person | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 1000A | M | ID | 1/1 | |
| | 11 | 14 | X(04) | provider | | County or Direct Provider ECHO | | 68 | | | SUBMITTER NAME | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 1000A | O | AN | 1/35 | |
| | | | | | | 46 | | | | 46 = ETIN electronic transmitter ID # | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 1000A | X | ID | 1/2 | |
| | | | | | ETIN | ### | | 69 | | SUBMITTER ID NUMBER | Submitter Primary ID# | IDENTIFICATION CODE | NM109 | 67 | 1000A | X | AN | 2/80 | |
| 27 | | | | | | **PER** | | 71 | R | | SUBMITTER EDI CONTACT INFORMATION | | PER | | 1000A | | | | 2 |
| | | | | | | IC | | | | IC=information contact | | CONTACT FUNCTION CODE | PER01 | 366 | 1000A | M | ID | 2/2 | |
| | | | | | | contact at the county | | 72 | | Name of person or office to whom administrative communications should be directed | Submitter Contact Name | NAME | PER02 | 93 | 1000A | O | AN | 1/60 | |
| | | | | | | TE | | | | ED=EDI# TE=tele FX=fax EM=e-mail | | COMMUNICATION NUMBER QUALIFIER | PER03 | 365 | 1000A | X | ID | 2/2 | |
| | | | | | | 916-323-2058 | | 72 | | | Submitter Contact numbers | COMMUNICATION NUMBER | PER04 | 364 | 1000A | X | AN | 1/80 | |
| | | | | | | EM | | | | ED=EDI# TE=tele EX=Tele ext FX=fax EM=e-mail | | COMMUNICATION NUMBER QUALIFIER | PER05 | 365 | 1000A | X | ID | 2/2 | |
| | | | | | | Twilliams@adp.state.ca.us | | | | | | COMMUNICATION NUMBER | PER06 | 364 | 1000A | X | AN | 1/80 | |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | ED=EDI# TE=tele EX=Tele ext FX=fax EM=e-mail | | COMMUNICATION NUMBER QUALIFIER | PER07 | 365 | 1000A | X | ID | 2/2 | |
| | | | | | | | | | | | | COMMUNICATION NUMBER | PER08 | 364 | 1000A | X | AN | 1/80 | |
| 36 | | | | | | | | | | | **1000B** | LOOP ID - 1000B RECEIVER NAME | | | | | | | 1 |
| 37 | | | | | | **NM1** | | 74 | R | | RECEIVER NAME | | NM1 | | 1000B | | | | 1 |
| | | | | | | 40 | | | | 40=receiver | | ENTITY IDENTIFIER CODE | NM101 | 98 | 1000B | M | ID | 2/3 | |
| | | | | | | 2 | | | | 2=non-person | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 1000B | M | ID | 1/1 | |
| | 1 and 21 | 1 and 22 | | | A or D and program code | ADP or DMH | | 75 | | | RECEIVER NAME | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 1000B | O | AN | 1/35 | |
| | | | | | | 46 | | | | 46 = ETIN electronic transmitter ID # | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 1000B | X | ID | 1/2 | |
| | | | | | | ### | | 75 | | | Receiver Primary ID# | IDENTIFICATION CODE | NM109 | 67 | 1000B | X | AN | 2/80 | |
| | | | | | | | | | | | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | | | | | |
| 46 | | | | | | | | | | | **2000A** | BILLING/PAY-TO PROVIDER  LEVEL | | | | | | | >1 |
| 47 | | | | | | **HL** | | 77 | R | | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | HL | | 2000A | | | | 1 |
| | | | | | | 1 | | | | incremented by 1 each time HL is used | | HIERARCHICAL ID NUMBER | HL01 | 628 | 2000A | M | AN | 1/12 | |
| | | | | | | 20 | | | | 20=information source | | HIERARCHICAL LEVEL CODE | HL03 | 735 | 2000A | M | ID | 1/2 | |
| | | | | | | 1 | | | | 1 | | HIERARCHICAL CHILD CODE | HL04 | 736 | 2000A | O | ID | 1/1 | |
| 51 | | | | | | **PRV** | | 79 | S | required if the rendering provider is the same as the billing provider | BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION | | PRV | | 2000A | | | | 1 |

## Map from Short/Doyle to 837P

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
| | | | | | which - pay to or billing is the rendering | BI | | | | BI = BILLING PT = PAY TO | | PROVIDER CODE | PRV01 | 1221 | 2000A | M | ID | 1/3 | |
| | | | | | | ZZ | | | | ZZ=health care provider taxonomy code list | | REFERENCE IDENTIFICATION QUALIFIER | PRV02 | 128 | 2000A | M | ID | 2/3 | |
| | | | | | | ### | | 80 | | | PROVIDER TAXONOMY CODE | REFERENCE IDENTIFICATION | PRV03 | 127 | 2000A | M | AN | 1/30 | |
| 58 | | | | | use if pay to is the same as billing | | | | | | 2010AA | BILLING PROVIDER NAME | | | | | | | 1 |
| 59 | | | | | | NM1 | | 84 | R | | BILLING PROVIDER NAME | | NM1 | | 2010AA | | | | 1 |
| | | | | | | 85 | | | | 85=billing provider | | ENTITY IDENTIFIER CODE | NM101 | 98 | 2010AA | M | ID | 2/3 | |
| | | | | | | 2 | | | | 1=person 2=non-person | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 2010AA | M | ID | 1/1 | |
| | | | | | Alameda County | County or Direct Provider (ADP) or billing Vendors (ECHO) | | 85 | | | BILLING PROVIDER NAME | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2010AA | O | AN | 1/35 | |
| | | | | | will change when NPI is available | 24 | | | | 24=EIN, 34=SSN, XX=NPI | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 2010AA | X | ID | 1/2 | |
| | 11 | 14 | X(04) | | EIN# | ### | | 86 | | | Billing Provider ID | IDENTIFICATION CODE | NM109 | 67 | 2010AA | X | AN | 2/80 | |
| | | | | | | N3 | | 88 | R | | BILLING PROVIDER ADDRESS | | N3 | | 2010AA | | | | 1 |
| | | | | | county address from provider file | addr | | | | ADDRESS LINE 1 | | ADDRESS INFORMATION | N301 | 166 | | | M | AN | 1/55 |
| | | | | | | | | | | ADDRESS LINE 2 | | ADDRESS INFORMATION | N302 | 166 | 2010AA | O | AN | 1/55 |

| | | | | | | | | | | | | | | | | | |
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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
| | | | | | | **N4** | | 89 | R | | BILLING PROVIDER CITY/STATE/ZIP CODE | | N4 | | 2010AA | | | | 1 |
| | | | | | get from provider file | city | | | | | | CITY NAME | N401 | 19 | 2010AA | O | AN | 2/30 | |
| | | | | | | st | | | | | | STATE OR PROVINCE CODE | N402 | 156 | 2010AA | O | ID | 2/2 | |
| | | | | | | zip | | | | external code list P.O. | | POSTAL CODE | N403 | 116 | 2010AA | O | ID | 3/15 | |
| 93 | | | | | | | | | | | **2010AB** | PAY-TO PROVIDER NAME | | | | | | | 1 |
| | | | | | Required if pay to provider is different than the billing provider | **NM1** | | 99 | S | | PAY-TO PROVIDER NAME | | NM1 | | 2010AB | | | | 1 |
| | | | | | determined by counties | e.g. County Treasurer | | | | required if the pay to provider is different than the billing provider | | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2010AB | O | AN | 1/35 | |
| | | | | | | | | | | | TABLE 2 - DETAIL, SUBSCRIBER | | | | | | | | |
| 117 | | | | | | | | | | | **2000B** | HIERARCHICAL LEVEL | | | | | | | >1 |
| | | | | | | **HL** | | 108 | R | if the insured and patient **are the same** use this HL and skip next HL and go to loop 2300 | SUBSCRIBER HIERARCHICAL LEVEL | | HL | | 2000B | | | | 1 |
| | | | | | 2nd hierarchical ID # | 2 | | | | | | HIERARCHICAL ID NUMBER | HL01 | 628 | 2000B | M | AN | 1/12 | |
| | | | | | | 1 | | | | identifies the parent of this subordinate | | HIERARCHICAL PARENT ID | HL02 | 734 | 2000B | O | AN | 1/12 | |
| | | | | | | 22 | | | | 22 (SUBSCRIBER) | | HIERARCHICAL LEVEL CODE | HL03 | 735 | 2000B | M | ID | 1/2 | |
| | | | | | | 0 | | | | 0=no subordinate | | HIERARCHICAL CHILD CODE | HL04 | 736 | 2000B | O | ID | 1/1 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
| 123 | | | | | | **SBR** | | 110 | R | | SUBSCRIBER INFORMATION | | SBR | | 2000B | | | | 1 |
| | | | | | | P | | | | p=primary s=secondary | | PAYER RESPONSIBILITY SEQUENCE NUMBER CODE | SBR01 | 1138 | 2000B | M | ID | 1/1 | |
| | | | | | | 18 | | | | required id patient is same as subscriber 18=self | | INDIVIDUAL RELATIONSHIP CODE | SBR02 | 1069 | 2000B | O | ID | 2/2 | |
| | | | | | there is no group number not used | | | 111 | | patients group or policy number | Group or Policy Number | REFERENCE IDENTIFICATION | SBR03 | 127 | 2000B | O | AN | 1/30 | |
| | | | | | not used | | | 111 | | patients group or plan name | Insured Group or Plan Name | NAME | SBR04 | 93 | 2000B | O | AN | 1/60 | |
| | | | | | not used | | | | | required when the destination payer (2010BB) is Medicare and Medicare is not the primary payer | | INSURANCE TYPE CODE | SBR05 | 1336 | 2000B | O | ID | 1/3 | |
| | | | | | not used | | | | | 12=PPO  MC=Medicaid OF=Other federal program, etc. | | CLAIM FILING INDICATOR CODE | SBR09 | 1032 | 2000B | O | ID | 1/2 | |
| | | | | | | | | 114 | S | | PATIENT INFORMATION | | PAT | | 2000B | | | | 1 |
| | | | | | | | | | | required if patient is deceased | | DATE TIME FORMAT QUALIFIER | PAT05 | 1250 | 2000B | X | ID | 2/3 | |
| | | | | | | | | 115 | | date of death | Date of Death | DATE TIME PERIOD | PAT06 | 1251 | 2000B | X | AN | 1/35 | |
| | | | | | | | | | | | | UNIT OR BASIS FOR MEASUREMENT CODE | PAT07 | 355 | 2000B | X | ID | 2/2 | |
| | | | | | | | | 115 | | newborn's birth weight | Patient Weight (Newborn's birthweight) | WEIGHT | PAT08 | 81 | 2000B | X | R | 1/10 | |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes ||| REPEAT |
| | | | | | | | | | | PREGNANCY INDICATOR | | YES/NO CONDITION OR RESPONSE CODE | PAT09 | 1073 | 2000B | O | ID | 1/1 | |
| 136 | | | | | | | | | | **2010BA** | LOOP ID -SUBSCRIBER NAME | | | | | | | | 1 |
| | | | | | | **NM1** | | 117 | R | | SUBSCRIBER NAME | | NM1 | | 2010BA | | | | 1 |
| | | | | | | IL | | | | IL | | ENTITY IDENTIFIER CODE | NM101 | 98 | 2010BA | M | ID | 2/3 | |
| | | | | | | 1 | | | | 1=person 2=non-person | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 2010BA | M | ID | 1/1 | |
| | 25 | 38 | X(14) | Patient Name | | Doe | | 118 | R | if the patient and client are the same | Subscriber Last Name | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2010BA | O | AN | 1/35 | |
| | 25 | 38 | | | | John | | | | | | NAME FIRST | NM104 | 1036 | 2010BA | O | AN | 1/25 | |
| | 25 | 38 | | | | X | | | | | | NAME MIDDLE | NM105 | 1037 | 2010BA | O | AN | 1/25 | |
| | | | | | | | | | | | | NAME SUFFIX | NM107 | 1039 | 2010BA | O | AN | 1/10 | |
| | | | | | | MI | | | | MI=Member ID # ZZ=HIPAA Individual ID | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 2010BA | X | ID | 1/2 | |
| | 39 | 47 | | | patient record # | subscriber primary identifier | | | | | | IDENTIFICATION CODE | NM109 | 67 | 2010BA | X | AN | 2/80 | |
| | | | | | | **N3** | | 121 | R | Required if patient is subscriber and SBR02+18(self) | SUBSCRIBER ADDRESS | | N3 | | 2010BA | | | | 1 |
| | | | | | patient address | addr | | | | ADDRESS LINE 1 | | ADDRESS INFORMATION | N301 | 166 | 2010BA | M | AN | 1/55 | |
| | | | | | | | | | | ADDRESS LINE 2 | | ADDRESS INFORMATION | N302 | 166 | 2010BA | O | AN | 1/55 | |
| | | | | | | **N4** | | 122 | R | Required if patient is subscriber and SBR02+18(self) | SUBSCRIBER CITY/STATE/ZIP CODE | | N4 | | 2010BA | | | | 1 |
| | | | | | | city | | | | | | CITY NAME | N401 | 19 | 2010BA | O | AN | 2/30 | |
| | | | | | | st | | | | | | STATE CODE | N402 | 156 | 2010BA | O | ID | 2/2 | |
| | | | | | | zip | | | | | | POSTAL CODE | N403 | 116 | 2010BA | O | ID | 3/15 | |

## Map from Short/Doyle to 837P

| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | DMG | | 124 | S | | SUBSCRIBER DEMOGRAPHIC INFORMATION | | DMG | | 2010BA | | | | 1 |
| | | | | | | D8 | | | | D8=date CCYYMMDD | | DATE TIME FORMAT QUALIFIER | DMG01 | 1250 | 2010BA | X | ID | 2/3 | |
| | 62 | 65 | X(04) | Birth yr | CCYY | CCCCYYMM | | 125 | | | Date of Birth - Patient | DATE TIME PERIOD | DMG02 | 1251 | 2010BA | X | AN | 1/35 | |
| | 66 | 66 | X(01) | Sex | M,F,U," " | | | | | U=unknown | Gender - Patient | GENDER CODE | DMG03 | 1068 | 2010BA | O | ID | 1/1 | |
| | | | | | | REF | | 126 | S | | SUBSCRIBER SECONDARY IDENTIFICATION | | REF | | 2010BA | | | | 4 |
| | | | | | 1W = everything else | SY or 1W or 23 | | | | SY=SSN 1W=member ID ?23=CIN Client No | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | 2010BA | M | ID | 2/3 | |
| | 48 | 56 | | | SSN or bene ID or CIN | SSN | | 127 | | | Subscriber Supplemental ID | REFERENCE IDENTIFICATION | REF02 | 127 | 2010BA | M | AN | 1/30 | |
| 166 | | | | | | | | | | | **2010BB** | LOOP ID - PAYER NAME | | | | | | | 1 |
| | | | | | | **NM1** | | 130 | R | | PAYER NAME | | NM1 | | 2010BB | | | | 1 |
| | | | | | | PR | | | | PR (PAYER) | | ENTITY IDENTIFIER CODE | NM101 | 98 | 2010BB | M | ID | 2/3 | |
| | | | | | | 2 | | | | 2 = nonperson | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 2010BB | M | ID | 1/1 | |
| | | | | | | ADP or DMH | | | | this is the destination payer | Payer Name | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2010BB | O | AN | 1/35 | |
| | | | | | | PI | | | | PI=payer identification XV= req if Natl Health plan ID is mandated | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 2010BB | X | ID | 1/2 | |
| | | | | | EIN/NPI | EIN | | | | payer primary ID | Payer Primary Identifier | IDENTIFICATION CODE | NM109 | 67 | 2010BB | X | AN | 2/80 | |
| | | | | | | **N3** | | 134 | S | | PAYER ADDRESS | | N3 | | 2010BB | | | | 1 |
| | | | | | | 1700 K St | | | | ADDRESS LINE 1 | Payer Address | ADDRESS INFORMATION | N301 | 166 | 2010BB | M | AN | 1/55 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | **N4** | | 135 | S | | PAYER CITY/STATE/ZIP CODE | | N4 | | 2010BB | | | | 1 |
| | | | | | | Sacramento | | | | | | CITY NAME | N401 | 19 | 2010BB | O | AN | 2/30 | |
| | | | | | | CA | | | | | | STATE CODE | N402 | 156 | 2010BB | O | ID | 2/2 | |
| | | | | | | 95814 | | | | | | POSTAL CODE | N403 | 116 | 2010BB | O | ID | 3/15 | |
| | | | | | | | | 137 | S | | PAYER SECONDARY IDENTIFICATION | | REF | | 2010BB | | | | 3 |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | 2010BB | M | ID | 2/3 | |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION | REF02 | 127 | 2010BB | M | AN | 1/30 | |
| 186 | | | | | | | | | | | 2010BC | RESPONSIBLE PARTY NAME | | | | | | | 1 |
| | | | | | parent/child ? | **Skip** | | 139 | S | someone who **is not** the subscriber/patient - but who is responsible for the bill | RESPONSIBLE PARTY NAME | | NM1 | | 2010BC | | | | 1 |
| 204 | | | | | | | | | | | 2010BD | CREDIT CARD HOLDER NAME | | | | | | | 1 |
| | | | | | | **Skip** | | 146 | S | | CREDIT/DEBIT CARD HOLDER NAME | | NM1 | | 2010BD | | | | 1 |
| | | | | | | | | | | | | TABLE 2 - DETAIL, PATIENT | | | | | | | |
| 220 | | | | | | | | | | | 2000C | PATIENT HIERARCHICAL LEVEL | | | | | | | >1 |
| | | | | | | **Skip** | | 152 | S | Patient Information if the patient **is not the same** as the subscriber | PATIENT HIERARCHICAL LEVEL | | HL | | 2000C | | | | 1 |
| 232 | | | | | | | | | | | 2010CA | LOOP ID - PATIENT NAME | | | | | | | 1 |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | **Skip** | | 157 | R | if patient is the same as the subscriber 2000C and 2010CA **are not sent** | PATIENT NAME | | NM1 | | 2010CA | | | | 1 |
| 262 | | | | | | | | | | | 2300 | LOOP ID -CLAIM INFORMATION | | | | | | | 100 |
| | | | | | | **CLM** | | 170 | R | Limit to 5000 CLM segments | CLAIM INFORMATION | | CLM | | 2300 | | | | 1 |
| | 1 | 10 | X(10) | Claim ID | 1=AorD 2-5 provider 6-10 serial # | alpha numeric | | 171 | R | Patient account number or claim number is echoed back on the 835 - recommend unique numbers for each individual claim  must be 20 char | Patient Account Number  - Will be used to match the claim information with the payment information on the 835 | CLAIM SUBMITTER'S IDENTIFIER | CLM01 | 1028 | 2300 | M | AN | 1/38 | |
| | | | | | use decimal if cents | $$$ | | | R | total claim charge amount | | MONETARY AMOUNT | CLM02 | 782 | 2300 | O | R | 1/18 | |
| | | | | | | | | | | PLACE OF SERVICE CODE | | HEALTH CARE SERVICE LOCATION INFORMATION | CLM05 | C023 | 2300 | O | | | |
| | | | | | sent to 835 IG pg 93 | from list | | 173 | R | 11=office 22=outpatient hospital etc. | Facility Type Code | FACILITY CODE VALUE | CLM05-1 | 1331 | 2300 | M | AN | 1/2 | |
| | | | | | sent to 835 IG pg 93 | | | 173 | R | 1=original  6=corrected 7=replacement etc. | Claim Frequency Code | CLAIM FREQUENCY TYPE CODE | CLM05-3 | 1325 | 2300 | O | ID | 1/1 | |
| | | | | | county issue | Y or N | | 174 | R | provider signature on file  Y or N | Provider Signature on File | YES/NO CONDITION OR RESPONSE CODE | CLM06 | 1073 | 2300 | O | ID | 1/1 | |
| | | | | | county issue | A B C P | | 174 | R | Medicare assignment code A=assigned | | PROVIDER ACCEPT ASSIGNMENT CODE | CLM07 | 1359 | 2300 | O | ID | 1/1 | |
| | | | | | county issue | Y or  N | | 175 | R | assignment of benefits Y or N | | YES/NO CONDITION OR RESPONSE CODE | CLM08 | 1073 | 2300 | O | ID | 1/1 | |

# Health Care Claim: Professional 837
## Map from Short/Doyle to 837P

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
| | | | | | county issue new field privacy/security | see list | | 175 | R | A=approriate release of information on file N=no provider is not allowed to release date etc. | Release of Information | RELEASE OF INFORMATION CODE | CLM09 | 1363 | 2300 | O | ID | 1/1 | |
| | | | | | | if CLM09 = N Req | | 176 | | B= sign authorization C=signed claim | | PATIENT SIGNATURE SOURCE CODE | CLM10 | 1351 | 2300 | O | ID | 1/1 | |
| | | | | | need further discussion | | | | | | | RELATED CAUSES INFORMATION | CLM11 | C024 | 2300 | O | | | |
| | | | | | need further discussion | | | | | 01=EPSDT or CHAP 05=Disability | | SPECIAL PROGRAM CODE | CLM12 | 1366 | 2300 | O | ID | 2/3 | |
| | | | | | | not used | | | | P=Participation agreement | | PROVIDER AGREEMENT CODE | CLM16 | 1360 | 2300 | O | ID | 1/1 | |
| | 101 | 101 | | | late billing override code | | | 179 | | 1=Proof of eligibility 2=Litigation | REASON FOR LATE FILING | DELAY REASON CODE | CLM20 | 1514 | 2300 | O | ID | 1/2 | |
| 323 | | | | | do we need? | | | 199 | S | Required if PAT09 is used (pregnant) | DATE - ESTIMATED DATE OF BIRTH | | DTP | | 2300 | | | | 1 |
| | | | | | | | | | | ABC | | DATE/TIME QUALIFIER | DTP01 | 374 | 2300 | M | ID | 3/3 | |
| | | | | | | | | | | D8 (DATE FORMAT) | | DATE TIME PERIOD FORMAT QUALIFIER | DTP02 | 1250 | 2300 | M | ID | 2/3 | |
| 348 | | | | | inpatient medical | DTP | | 208 | S | | DATE - ADMISSION | | DTP | | 2300 | | | | 1 |
| | | | | | | 435 | | | | 435 = Admission | | DATE/TIME QUALIFIER | DTP01 | 374 | 2300 | M | ID | 3/3 | |
| | | | | | | D8 | | | | D8 (DATE FORMAT) | | DATE TIME PERIOD FORMAT QUALIFIER | DTP02 | 1250 | 2300 | M | ID | 2/3 | |
| | 103 | 110 | | | admission date | CCCCYYMM | | | | | | DATE | DTP03 | 1251 | 2300 | M | AN | 1/35 | |
| 352 | | | | | | DTP | | 210 | S | | DATE - DISCHARGE | | DTP | | 2300 | | | | 1 |
| | | | | | | 96 | | | | 096 | | DATE/TIME QUALIFIER | DTP01 | 374 | 2300 | M | ID | 3/3 | |
| | | | | | | D8 | | | | D8 (DATE FORMAT) | | DATE TIME PERIOD FORMAT QUALIFIER | DTP02 | 1250 | 2300 | M | ID | 2/3 | |
| | 83 | 83 | | Discharge | DMH not ADP | CCCCYYMM | | | | | | DATE | DTP03 | 1251 | 2300 | M | AN | 1/35 | |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 214 | S | required if there is paper documentation supporting this claim | CLAIM SUPPLEMENTAL INFORMATION | | PWK | | 2300 | | | | 10 |
| | | | | | | HI | 265 | S | required on all claims unless no diagnosis | HEALTH CARE DIAGNOSIS CODE | | HI | | 2300 | | | | 1 |
| | | | | | | | | | | | HEALTH CARE CODE INFORMATION | HI01 | C022 | 2300 | M | | | |
| 470 | | | | | principal diagnosis | BK | 266 | | principle diagnosis | | CODE LIST QUALIFIER CODE | HI01-1 | 1270 | 2300 | M | ID | 1/3 | |
| | 68 | 72 | | Diag Code | is there decimal ??? | | | | BK=ICD-9 codes | | INDUSTRY CODE | HI01-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | additional diagnosis | | HEALTH CARE CODE INFORMATION | HI02 | C022 | 2300 | O | | | |
| | | | | | additional diagnosis | BF | | | BF=ICD-9 codes | | CODE LIST QUALIFIER CODE | HI02-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | ICD-9 | | | | | | INDUSTRY CODE | HI02-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | BF=ICD-9 codes | | HEALTH CARE CODE INFORMATION | HI03 | C022 | 2300 | O | | | |
| | | | | | | | | | | | CODE LIST QUALIFIER CODE | HI03-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | | | | | | | INDUSTRY CODE | HI03-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | | | HEALTH CARE CODE INFORMATION | HI04 | C022 | 2300 | O | | | |
| | | | | | | | | | | | CODE LIST QUALIFIER CODE | HI04-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | | | | | | | INDUSTRY CODE | HI04-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | | | HEALTH CARE CODE INFORMATION | HI05 | C022 | 2300 | O | | | |
| | | | | | | | | | | | CODE LIST QUALIFIER CODE | HI05-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | | | | | | | INDUSTRY CODE | HI05-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | | | HEALTH CARE CODE INFORMATION | HI06 | C022 | 2300 | O | | | |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | CODE LIST QUALIFIER CODE | HI06-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | | | | | | | | INDUSTRY CODE | HI06-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | | | | HEALTH CARE CODE INFORMATION | HI07 | C022 | 2300 | O | | | |
| | | | | | | | | | | | | CODE LIST QUALIFIER CODE | HI07-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | | | | | | | | INDUSTRY CODE | HI07-2 | 1271 | 2300 | M | AN | 1/30 | |
| | | | | | | | | | | | | HEALTH CARE CODE INFORMATION | HI08 | C022 | 2300 | O | | | |
| | | | | | | | | | | | | CODE LIST QUALIFIER CODE | HI08-1 | 1270 | 2300 | M | ID | 1/3 | |
| | | | | | | | | | | | | INDUSTRY CODE | HI08-2 | 1271 | 2300 | M | AN | 1/30 | |
| 504 | | | | | | | | | | **2305** | HOME HEALTH CARE PLAN | | | | | | | | 6 |
| | | | | | **Skip** | | 276 | | Don't use home care | HOME HEALTH CARE PLAN INFORMATION | | CR7 | | | | | | 1 |
| 518 | | | | | | | | | | **2310A** | REFERRING PROVIDER NAME | | | | | | | | 2 |
| | | | | | **Skip** | | 282 | S | Don't use | REFERRING PROVIDER NAME | | NM1 | | | | | | 1 |
| 539 | | | | | | | | | | **2310B** | RENDERING PROVIDER NAME | | | | | | | | 1 |
| | | | | | | **NM1** | | 290 | S | If different than billing or pay to provider ie Ben Kildare | RENDERING PROVIDER NAME | | NM1 | | | | | | 1 |
| | | | | | | 82 | | | | 82=rendering provider | | ENTITY IDENTIFIER CODE | NM101 | 98 | 2310B | M | ID | 2/3 | |
| | | | | | | 1 or 2 | | | | 1=person 2=non-person | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 2310B | M | ID | 1/1 | |
| | 143 | 147 | | | Counselor's Initials | | | | | | rendering provider last name | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2310B | O | AN | 1/35 | |
| | | | | | | | | | | | | NAME FIRST | NM104 | 1036 | 2310B | O | AN | 1/25 | |
| | | | | | | | | | | | | NAME MIDDLE | NM105 | 1037 | 2310B | O | AN | 1/25 | |
| | | | | | | | | | | | | NAME SUFFIX | NM107 | 1039 | 2310B | O | AN | 1/10 | |

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| | external sources and may not be verified.  Information presented is believed to be accurate but is subject to change.  Unless noted otherwise, this is a working document. |||||||||||||||
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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 24=EIN  34=SSN XX=NPI | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 2310B | X | ID | 1/2 | |
| | | | | | | | | | | | | IDENTIFICATION CODE | NM109 | 67 | 2310B | X | AN | 2/80 | |
| 549 | | | | | | **PRV** | | 293 | R | | RENDERING PROVIDER SPECIALTY INFORMATION | | PRV | | 2310B | | | | 1 |
| | | | | | | PE | | | | PE=Performing | | PROVIDER CODE | PRV01 | 1221 | 2310B | M | ID | 1/3 | |
| | | | | | | ZZ | | | | Provider Taxonomy Code List | | REFERENCE IDENTIFICATION QUALIFIER | PRV02 | 128 | 2310B | M | ID | 2/3 | |
| | | | | | | | | | | | Provider Taxonomy Code | REFERENCE IDENTIFICATION | PRV03 | 127 | 2310B | M | AN | 1/30 | |
| | | | | | | **REF** | | 296 | S | | RENDERING PROVIDER SECONDARY IDENTIFICATION | | REF | | 2310B | | | | 5 |
| | | | | | | 0B | | | | 0B=State License # - see list | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | 2310B | M | ID | 2/3 | |
| | | | | | | | | | | | rendering provider secondary identification | REFERENCE IDENTIFICATION | REF02 | 127 | 2310B | X | AN | 1/30 | |
| 559 | | | | | | | | | | | 2310C | PURCHASED SERVICE PROVIDER NAME | | | | | | | 1 |
| | | | | | | **Skip** | | 298 | S | services purchased from an outside entity | PURCHASED SERVICE PROVIDER NAME | | NM1 | | | | | | 1 |
| 568 | | | | | | | | | | | 2310D | SERVICE FACILITY LOCATION | | | | | | | 1 |
| | | | | | | NM1 | | 303 | S | if different than 2010AA Billing or 2010AB Pay to ie Kildare's Clinic | SERVICE FACILITY LOCATION | | NM1 | | | | | | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
| | | | | | | | | | | 77=service location - LI=Independent Lab FA or TL see list | | ENTITY IDENTIFIER CODE | NM101 | 98 | 2310D | M | ID | 2/3 | |
| | | | | | | 2 | | | | | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 2310D | M | ID | 1/1 | |
| | | | | | | | | | | | Laboratory or Facility Name | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2310D | O | AN | 1/35 | |
| | | | | | | | | | | 24=EIN  34=SSN XX=NPI | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 2310D | X | ID | 1/2 | |
| | | | | | | | | | | | Laboratory Facility Primary ID | IDENTIFICATION CODE | NM109 | 67 | 2310D | X | AN | 2/80 | |
| | | | | | | | | 307 | R | | SERVICE FACILITY LOCATION ADDRESS | | N3 | | 2310D | | | | 1 |
| | | | | | | | | | | | | ADDRESS | N301 | 166 | 2310D | M | AN | 1/55 | |
| | | | | | | | | | | | | ADDRESS INFORMATION | N302 | 166 | 2310D | O | AN | 1/55 | |
| | | | | | | N4 | | 308 | R | | SERVICE FACILITY | | N4 | | 2310D | | | | 1 |
| | | | | | | | | | | | facility city name | CITY NAME | N401 | 19 | 2310D | O | AN | 2/30 | |
| | | | | | | | | | | | | STATE OR PROVINCE | N402 | 156 | 2310D | O | ID | 2/2 | |
| | | | | | | | | | | | | POSTAL CODE | N403 | 116 | 2310D | O | ID | 3/15 | |
| | | | | | | | | | | | | COUNTRY CODE | N404 | 26 | 2310D | O | ID | 2/3 | |
| | | | | | | | | 310 | S | | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | | REF | | 2310D | | | | 5 |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION | REF01 | 128 | 2310D | M | ID | 2/3 | |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION | REF02 | 127 | 2310D | X | AN | 1/30 | |
| 588 | | | | | | 2310E | | | | | SUPERVISING PROVIDER NAME | | | | | | | | 1 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Eleme nt No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | **Skip** | 312 | S | | SUPERVISING PROVIDER NAME | | NM1 | | | | | | 1 |
| 602 | | | | | | | | | | **2320** | OTHER SUBSCRIBER INFO | | | | | | | |
| | 126 | 126 | | crossover indication | other health coverage ? | DMH COB TPL | 318 | S | | OTHER SUBSCRIBER INFORMATION | | SBR | | | | | | |
| | | | | | | | | | | | PAYER RESPONSIBILITY SEQUENCE NUMBER CODE | SBR01 | 1138 | 2320 | M | ID | 1/1 | |
| | | | | | | | | | | | INDIVIDUAL RELATIONSHIP CODE | SBR02 | 1069 | 2320 | O | ID | 2/2 | |
| | | | | | | | | | | | REFERENCE IDENTIFICATION | SBR03 | 127 | 2320 | O | AN | 1/30 | |
| | | | | | | | | | | | NAME | SBR04 | 93 | 2320 | O | AN | 1/60 | |
| | | | | | | | | | | | INSURANCE TYPE CODE | SBR05 | 1336 | 2320 | O | ID | 1/3 | |
| | | | | | | | | | | | CLAIM FILING INDICATOR CODE | SBR09 | 1032 | 2320 | O | ID | 1/2 | |
| | | | | | | | 323 | S | balance the claim | CLAIM LEVEL ADJUSTMENTS | | CAS | | 2320 | | | | |
| | | | | | | | | | | | CLAIM ADJUSTMENT GROUP CODE | CAS01 | 1033 | 2320 | M | ID | 1/2 | |
| | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS02 | 1034 | 2320 | M | ID | 1/5 | |
| | | | | | | | | | | | MONETARY AMOUNT | CAS03 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | | | | QUANTITY | CAS04 | 380 | 2320 | O | R | 1/15 | |
| | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS05 | 1034 | 2320 | M | ID | 1/5 | |
| | | | | | | | | | | | MONETARY AMOUNT | CAS06 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | | | | QUANTITY | CAS07 | 380 | 2320 | O | R | 1/15 | |
| | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS08 | 1034 | 2320 | M | ID | 1/5 | |
| | | | | | | | | | | | MONETARY AMOUNT | CAS09 | 782 | 2320 | M | R | 1/18 | |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | QUANTITY | CAS10 | 380 | 2320 | O | R | 1/15 | |
| | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS11 | 1034 | 2320 | M | ID | 1/5 | |
| | | | | | | | | | | | MONETARY AMOUNT | CAS12 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | | | | QUANTITY | CAS13 | 380 | 2320 | O | R | 1/15 | |
| | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS14 | 1034 | 2320 | M | ID | 1/5 | |
| | | | | | | | | | | | MONETARY AMOUNT | CAS15 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | | | | QUANTITY | CAS16 | 380 | 2320 | O | R | 1/15 | |
| | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS17 | 1034 | 2320 | M | ID | 1/5 | |
| | | | | | | | | | | | MONETARY AMOUNT | CAS18 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | | | | QUANTITY | CAS19 | 380 | 2320 | O | R | 1/15 | |
| | | | | | | | 332 | S | | COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | 333 | S | | COORDINATION OF BENEFITS (COB)APPROVED AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | 334 | S | | COORDINATION OF BENEFITS (COB) ALLOWED AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |

**Map from Short/Doyle to 837P**

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | U S E | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Eleme nt No. | LOOP | Attributes | | | RE PE AT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 335 | S | | COORDINATION OF BENEFITS (COB) PATIENT RESPONSIBILITY AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 336 | S | | COORDINATION OF BENEFITS (COB) COVERED AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 337 | S | | COORDINATION OF BENEFITS (COB) DISCOUNT AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 338 | S | | COORDINATION OF BENEFITS (COB) PER DAY LIMIT AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 339 | S | | COORDINATION OF BENEFITS (COB) PATIENT PAID AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |

| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 340 | S | | COORDINATION OF BENEFITS (COB) TAX AMOUNT | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 341 | S | | COORDINATION OF BENEFITS (COB) TOTAL CLAIM BEFORE TAXES | | AMT | | 2320 | | | | |
| | | | | | | | | | | | | AMOUNT QUALIFIER CODE | AMT01 | 522 | 2320 | M | ID | 1/3 | |
| | | | | | | | | | | | | MONETARY AMOUNT | AMT02 | 782 | 2320 | M | R | 1/18 | |
| | | | | | | | | 342 | S | | SUBSCRIBER DEMOGRAPHIC INFORMATION | | DMG | | 2320 | | | | |
| | | | | | | | | | | | | DATE TIME FORMAT QUALIFIER | DMG01 | 1250 | 2320 | X | ID | 2/3 | |
| | | | | | | | | | | | | DATE TIME PERIOD | DMG02 | 1251 | 2320 | X | AN | 1/35 | |
| | | | | | | | | | | | | GENDER CODE | DMG03 | 1068 | 2320 | O | ID | 1/1 | |
| 664 | | | | | | OI | | 344 | R | refers to payer in 2330B | OTHER INSURANCE COVERAGE INFORMATION | | OI | | 2320 | | | | |
| | 126 | 126 | | crossover indication | other health coverage ? | county? | | | | benefits assignment certification indicator- | | YES/NO CONDITION OR RESPONSE CODE | OI03 | 1073 | 2320 | O | ID | 1/1 | |
| | | | | | | | | | | | | PATIENT SIGNATURE SOURCE CODE | OI04 | 1351 | 2320 | O | ID | 1/1 | |
| | | | | | | | | | | | | RELEASE OF INFORMATION CODE | OI06 | 1363 | 2320 | O | ID | 1/1 | |

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## Map from Short/Doyle to 837P

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ? Kim will check Data for ADP  yes for DMH | MOA | | 347 | S | required if returned on the 835 | MEDICARE OUTPATIENT ADJUDICATION INFORMATION | | MOA | | 2320 | | | | |
| | | | | | | | | | | | | PERCENT | MOA01 | 954 | 2320 | O | R | 1/10 | |
| | | | | | | | | | | | | MONETARY AMOUNT | MOA02 | 782 | 2320 | O | R | 1/18 | |
| | | | | | | | | | | | | REFERENCE IDENTIFIER | MOA03 | 127 | 2320 | O | AN | 1/30 | |
| | | | | | | | | | | | | REFERENCE IDENTIFIER | MOA04 | 127 | 2320 | O | AN | 1/30 | |
| | | | | | | | | | | | | REFERENCE IDENTIFIER | MOA05 | 127 | 2320 | O | AN | 1/30 | |
| | | | | | | | | | | | | REFERENCE IDENTIFIER | MOA06 | 127 | 2320 | O | AN | 1/30 | |
| | | | | | | | | | | | | REFERENCE IDENTIFIER | MOA07 | 127 | 2320 | O | AN | 1/30 | |
| | | | | | | | | | | | | MONETARY AMOUNT | MOA08 | 782 | 2320 | O | R | 1/18 | |
| | | | | | | | | | | | | MONETARY AMOUNT | MOA09 | 782 | 2320 | O | R | 1/18 | |
| 678 | | | | | | | | | | | 2330A | OTHER SUBSCRIBER NAME | | | | | | | 1 |
| | | | | | | Skip | | 350 | R | | | OTHER SUBSCRIBER NAME | NM1 | | | | | | 1 |
| 701 | | | | | | | | | | | 2330B | OTHER PAYER NAME | | | | | | | 1 |
| | | | | | | Skip | | 359 | R | | | OTHER PAYER NAME | NM1 | | | | | | 1 |
| 732 | | | | | | | | | | | 2330C | OTHER PAYER PATIENT INFO | | | | | | | 1 |
| | | | | | | Skip | | 374 | S | required if 2320 used | | OTHER PAYER PATIENT INFORMATION | NM1 | | | | | | 1 |
| 742 | | | | | | | | | | | 2330D | OTHER PAYER REFER PROVIDER | | | | | | | 2 |
| | | | | | | Skip | | 378 | S | required if 2320 used | | OTHER PAYER REFERRING PROVIDER | NM1 | | | | | | 1 |
| 750 | | | | | | | | | | | 2330E | OTHER PAYER RENDER PROVIDER | | | | | | | 1 |
| | | | | | | Skip | | 382 | S | required if 2320 used | | OTHER PAYER RENDERING PROVIDER | NM1 | | | | | | 1 |
| 758 | | | | | | | | | | | 2330F | OTHER PAYER PURCHASED SERVICE PROVIDER | | | | | | | 1 |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | **Skip** | | 386 | S | required if 2320 used | OTHER PAYER PURCHASED SERVICE PROVIDER | | NM1 | | | | | | 1 |
| 766 | | | | | | | | | | | 2330G   OTHER PAYER SERVICE FACILITY LOCATION | | | | | | | | 1 |
| | | | | | | **Skip** | | 390 | S | required if 2320 used | OTHER PAYER SERVICE FACILITY LOCATION | | NM1 | | | | | | 1 |
| 774 | | | | | | | | | | | 2330H   OTHER PAYER SUPERVISING PROVIDER | | | | | | | | 1 |
| | | | | | | **Skip** | | 394 | S | required if 2320 used | OTHER PAYER SUPERVISING PROVIDER | | NM1 | | | | | | 1 |
| 782 | | | | | | | | | | | 2400   LOOP ID - 2400 SERVICE LINE | | | | | | | | 50 |
| | | | | | repeat 50 | **LX** | | 398 | R | is a line counter | SERVICE LINE | | LX | | | | | | 1 |
| | | | | | increment by 1 | # | | | | line counter | | ASSIGNED NUMBER | LX01 | 554 | 2400 | M | NO | 1/6 | |
| | | | | | | **SV1** | | 400 | R | | PROFESSIONAL SERVICE | | SV1 | | 2400 | | | | 1 |
| | | | | | | | | | | | | COMPOSITE MEDICAL PROCEDURE IDENTIFIER | SV101 | C003 | 2400 | M | | | |
| | | | | | | HC or N4 | | | | HC=HCPCS/CPT N1=NDC 4-4-2 | | PRODUCT/SERVICE ID QUALIFIER | SV101-1 | 235 | 2400 | M | ID | 2/2 | |
| | 21& 23& | 22& 24& | X(02) | mode of service & | | ### | | | | procedure code | | PRODUCT/SERVICE ID | SV101-2 | 234 | 2400 | M | AN | 1/48 | |
| | 21& 23& | 22& 24& | | | | ### | | | | procedure modifier | | PROCEDURE MODIFIER | SV101-3 | 1339 | 2400 | O | AN | 2/2 | |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SV101-4 | 1339 | 2400 | O | AN | 2/2 | |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SV101-5 | 1339 | 2400 | O | AN | 2/2 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | REPEAT |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SV101-6 | 1339 | 2400 | O | AN | 2/2 |
| 793 | 93 | 100 | ? 8 | billed amount | Tot billed cost | $$ | | | R | **line item charge** | | MONETARY AMOUNT | SV102 | 782 | 2400 | O | R | 1/18 |
| | 86 | 89 | | | UNITS OF TIME | UN | | | R | MJ=minutes UN=Unit F2=International unit | | UNIT OR BASIS FOR MEASUREMENT CODE | SV103 | 355 | 2400 | X | ID | 2/2 |
| | 90 | 92 | | | can have decimal | 1.00 | | | R | service unit count | | QUANTITY | SV104 | 380 | 2400 | X | R | 1/15 |
| | 23 | 24 | | | mode and service function | | | | | place of service | | FACILITY CODE VALUE | SV105 | 1331 | 2400 | O | AN | 1/2 |
| | | | | | | | | | | not used | | SERVICE TYPE CODE | SV106 | 1365 | 2400 | O | ID | 1/2 |
| | | | | | if you only have one diagnosis code this number would be one | | | | | required if HI seg in loop 2300 is used page 265 | | COMPOSITE DIAGNOSIS CODE POINTER | SV107 | C004 | 2400 | O | | |
| | | | | | | | | | | | | DIAGNOSIS CODE POINTER | SV107-1 | 1328 | 2400 | M | NO | 1/2 |
| | | | | | | | | | | | | DIAGNOSIS CODE POINTER | SV107-2 | 1328 | 2400 | O | NO | 1/2 |
| | | | | | | | | | | | | DIAGNOSIS CODE POINTER | SV107-3 | 1328 | 2400 | O | NO | 1/2 |
| | | | | | | | | | | | | DIAGNOSIS CODE POINTER | SV107-4 | 1328 | 2400 | O | NO | 1/2 |
| | | | | | mental health | Y or N ADP=N | | | R | | | YES/NO CONDITION OR RESPONSE CODE | SV109 | 1073 | 2400 | O | ID | 1/1 |
| | | | | | | | | | | | | YES/NO CONDITION OR RESPONSE CODE | SV111 | 1073 | 2400 | O | ID | 1/1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | YES/NO CONDITION OR RESPONSE CODE | SV112 | 1073 | 2400 | O | ID | 1/1 | |
| | | | | | | | | | | | | COPAY STATUS CODE | SV115 | 1327 | 2400 | O | ID | 1/1 | |
| 867 | | | | | | **DTP** | | 435 | R | no more than 15 | DATE - SERVICE DATE | | DTP | | 2400 | | | | 1 |
| | | | | | | 472 | | | | | | DATE/TIME QUALIFIER | DTP01 | 374 | 2400 | M | ID | 3/3 | |
| | | | | | | RD8 or D8 | | | | RD8=Range of dates D8=CCYYMMDD | | DATE/TIME FORMAT QUALIFIER | DTP02 | 1250 | 2400 | M | ID | 2/3 | |
| | 73 79 | 78 82 | | | service mo day or days | CCYYMMDD HHMM | | | | e.g. 3/1 - 3/7 20010301 - 20010307 | | DATE TIME PERIOD | DTP03 | 1251 | 2400 | M | AN | 1/35 | |
| | | | | | counties CSI Record Reference Number | for ADP = claim ID | | 472 | S | unique line item control number on all service lines  returned on 835 | LINE ITEM CONTROL NUMBER | | REF | | 2400 | | | | 1 |
| | | | | | | | | | | 6R | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | 2400 | M | ID | 2/3 | |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION | REF02 | 127 | 2400 | X | AN | 1/30 | |
| 1015 | | | | | | New June 2001 | | | | **2410** | DRUG IDENTIFICATION | | **NEW** | | | | | | 1 |
| 1016 | | | | | | | | | | **2420A** | RENDERING PROVIDER NAME | | | | | | | | 1 |
| | | | | | will override claim line information | | | 501 | S | REQUIRED IF DIFFERENT FROM 2310B, OR 2010AA/AB | RENDERING PROVIDER NAME | | NM1 | | 2420A | | | | 1 |
| | | | | | needed when NPI is required | | | 504 | R | | RENDERING PROVIDER SPECIALTY INFORMATION | | PRV | | 2420A | | | | 1 |
| | | | | | | | | | | PE | | PROVIDER CODE | PRV01 | 1221 | 2420A | M | ID | 1/3 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | ADP counselor's initials/name | | | | | ZZ | | REFERENCE IDENTIFICATION QUALIFIER | PRV02 | 128 | 2420A | M | ID | 2/3 | |
| | | | | | | | | | | PROVIDER TAXONOMY CODE | | REFERENCE IDENTIFICATION | PRV03 | 127 | 2420A | M | AN | 1/30 | |
| | | | | | | | | 506 | S | | ADDITIONAL RENDERING PROVIDER NAME INFORMATION | | N2 | | 2420A | | | | 1 |
| | | | | | | | | | | | | NAME | N201 | 93 | 2420A | M | AN | 1/60 | |
| | | | | | | | | 507 | S | | RENDERING PROVIDER SECONDARY IDENTIFICATION | | REF | | 2420A | | | | 5 |
| | | | | | | | | | | physician license etc. | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | 2420A | M | ID | 2/3 | |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION | REF02 | 127 | 2420A | X | AN | 1/30 | |
| 1035 | | | | | | | | | | **2420B** | PURCHASED SERVICE PROVIDER NAME | | | | | | | | 1 |
| | | | | | | **Skip** | | 509 | S | | PURCHASED SERVICE PROVIDER NAME | | NM1 | | | | | | 1 |
| 1044 | | | | | | | | | | **2420C** | SERVICE FACILITY LOCATION | | | | | | | | 1 |
| | | | | | | **NM1** | | 514 | S | REQUIRED IF DIFFERENT FROM 2010AA,2010AB, 2310D LOOPS | SERVICE FACILITY LOCATION | | NM1 | | | | | | 1 |
| | | | | | | | | | | | | ENTITY IDENTIFIER CODE | NM101 | 98 | 2420C | M | ID | 2/3 | |
| | | | | | | | | | | | | ENTITY TYPE QUALIFIER | NM102 | 1065 | 2420C | M | ID | 1/1 | |
| | | | | | | | | | | | | NAME LAST OR ORGANIZATION NAME | NM103 | 1035 | 2420C | O | AN | 1/35 | |

| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | NAME FIRST | NM104 | 1036 | 2420C | O | AN | 1/25 | |
| | | | | | | | | | | | | NAME MIDDLE | NM105 | 1037 | 2420C | O | AN | 1/25 | |
| | | | | | | | | | | | | NAME SUFFIX | NM107 | 1039 | 2420C | O | AN | 1/10 | |
| | | | | | | | | | | | | IDENTIFICATION CODE QUALIFIER | NM108 | 66 | 2420C | X | ID | 1/2 | |
| | | | | | | | | | | | | IDENTIFICATION CODE | NM109 | 67 | 2420C | X | AN | 2/80 | |
| | | | | | | | | 517 | S | | ADDITIONAL SERVICE FACILITY LOCATION NAME INFORMATION | | N2 | | 2420C | | | | 1 |
| | | | | | | | | | | | | NAME | N201 | 93 | 2420C | M | AN | 1/60 | |
| | | | | | | **N3** | | 518 | R | | SERVICE FACILITY LOCATION ADDRESS | | N3 | | 2420C | | | | 1 |
| | | | | | | | | | | | | ADDRESS INFORMATION | N301 | 166 | 2420C | M | AN | 1/55 | |
| | | | | | | | | | | | | ADDRESS INFORMATION | N301 | 166 | 2420C | O | AN | 1/55 | |
| | | | | | | **N4** | | 519 | R | | SERVICE FACILITY LOCATION CITY/STATE/ZIP | | N4 | | 2420C | | | | 1 |
| | | | | | | | | | | | | CITY NAME | N401 | 19 | 2420C | O | AN | 2/30 | |
| | | | | | | | | | | | | STATE OR PROVINCE CODE | N402 | 156 | 2420C | O | ID | 2/2 | |
| | | | | | | | | | | | | POSTAL CODE | N403 | 116 | 2420C | O | ID | 3/15 | |
| | | | | | | | | | | | | COUNTRY CODE | N404 | 26 | 2420C | O | ID | 2/3 | |
| | | | | | | **REF** | | 521 | S | | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | | REF | | 2420C | | | | 5 |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION QUALIFIER | REF01 | 128 | 2420C | M | ID | 2/3 | |
| | | | | | | | | | | | | REFERENCE IDENTIFICATION | REF02 | 127 | 2420C | X | AN | 1/30 | |
| 1067 | | | | | | | | | | | **2420D**        SUPERVISING PROVIDER NAME | | | | | | | | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | | **Skip** | | 523 | S | | SUPERVISING PROVIDER NAME | | NM1 | | | | | | 1 |
| 1082 | | | | | | | | | | | 2420E ORDERING PROVIDER NAME | | | | | | | | 1 |
| | | | | | | **Skip** | | 529 | S | | ORDERING PROVIDER NAME | | NM1 | | | | | | 1 |
| 1114 | | | | | | | | | | | 2420F REFERRING PROVIDER NAME | | | | | | | | 2 |
| | | | | | | **Skip** | | 541 | S | | REFERRING PROVIDER NAME | | NM1 | | | | | | 1 |
| 1133 | | | | | | | | | | | 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | | | | | | | | 4 |
| | | | | | | **Skip** | | 549 | S | USED IF 2 COB PAYERS;FOR PRIOR AUTH/REFERRAL | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | | NM1 | | | | | | 1 |
| 1143 | | | | | | adjustment | | | | | 2430 LINE ADJUDICATION INFORMATION | | | | | | | | 25 |
| | | | | | | | | 554 | S | COB; TO SHOW UNBUNDLED SVC LINES | LINE ADJUDICATION INFORMATION | | SVD | | | | | | 1 |
| | | | | | | | | | | MATCH NM109 IN 2330B | | ID CODE | SVD01 | 67 | 2430 | M | AN | 2/80 | |
| | | | | | | | | | | SERVICE LINE PAID AMT | | MONETARY AMOUNT | SVD02 | 782 | 2430 | M | R | 1/18 | |
| | | | | | | | | | | procedure codes used to pay - from SVC01 in 835 | | COMPOSITE MEDICAL PROCEDURE IDENTIFIER | SVD03 | C003 | 2430 | O | | | |
| | | | | | | | | | | HC=HCPCS/CPT N1=NDC | | PRODUCT/SERVICE ID QUALIFIER | SVD03-1 | 235 | 2430 | M | ID | 2/2 | |
| | | | | | | | | | | | | PRODUCT/SERVICE ID | SVD03-2 | 234 | 2430 | M | AN | 1/48 | |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SVD03-3 | 1339 | 2430 | O | AN | 2/2 | |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SVD03-4 | 1339 | 2430 | O | AN | 2/2 | |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SVD03-5 | 1339 | 2430 | O | AN | 2/2 | |
| | | | | | | | | | | | | PROCEDURE MODIFIER | SVD03-6 | 1339 | 2430 | O | AN | 2/2 | |

| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Element No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | DESCRIPTION | SVD03-7 | 352 | 2430 | O | AN | 1/80 | |
| | | | | | | | | | | paid units of services | | QUANTITY | SVD05 | 380 | 2430 | O | R | 1/15 | |
| | | | | | | | | | | | | ASSIGNED NUMBER | SVD06 | 554 | 2430 | O | NO | 1/6 | |
| | | | | | | | | 558 | S | if amount paid is diff than orig amt charged | LINE ADJUSTMENT code source 139 page 671 | | CAS | | 2430 | | | | 99 |
| | | | | | | | | | | | | CLAIM ADJUSTMENT GROUP CODE | CAS01 | 1033 | 2430 | M | ID | 1/2 | |
| | | | | | | | | | | | | CLAIM ADJUSTMENT REASON CODE | CAS02 | 1034 | 2430 | M | ID | 1/5 | |
| | | | | | | | | | | | | MONETARY AMOUNT | CAS03 | 782 | 2430 | M | R | 1/18 | |
| | | | | | | | | 566 | R | | LINE ADJUDICATION DATE | | DTP | | 2430 | | | | 1 |
| | | | | | | | | | | 573 | | DATE/TIME QUALIFIER | DTP01 | 374 | 2430 | M | ID | 3/3 | |
| | | | | | | | | | | D8 | | DATE/TIME FORMAT QUALIFIER | DTP02 | 1250 | 2430 | M | ID | 2/3 | |
| | | | | | | | | | | | | DATE TIME PERIOD | DTP03 | 1251 | 2430 | M | AN | 1/35 | |
| 1181 | | | | | | | | | | 2440 | FORM IDENTIFICATION CODE | | | | | | | | 5 |
| | | | | | | Skip | | 567 | S | USED FOR HOME HEALTH OR DME | FORM IDENTIFICATION CODE | | LQ | | | | | | 1 |
| | | | | | | | | | | | | CODE LIST QUALIFIER CODE | LQ01 | 1270 | 2440 | O | ID | 1/3 | |
| | | | | | | | | | | | | INDUSTRY CODE | LQ02 | 1271 | 2440 | X | AN | 1/30 | |
| | | | | | | | | 569 | R | | SUPPORTING DOCUMENTATION | | FRM | | 2440 | | | | 99 |
| | | | | | | | | | | QUESTION NUMBER/LETTER | | ASSIGNED IDENTIFICATION | FRM01 | 350 | 2440 | M | AN | 1/20 | |
| | | | | | | | | | | | | YES/NO CONDITION OR RESPONSE CODE | FRM02 | 1073 | 2440 | X | ID | 1/1 | |
| | | | | | | | | | | USED IF ANSWER IS TEXT FORMAT | | REFERENCE IDENTIFICATION | FRM03 | 127 | 2440 | X | AN | 1/30 | |
| | | | | | | | | | | | | DATE | FRM04 | 373 | 2440 | X | DT | 8/8 | |

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| line from tab 1 | From | To | Format /Length | Field Name | Short/Doyle Comments | New 837 | | PG | USE | NOTES | SEGMENT NAME & Alias or Industry | ELEMENT NAME | REF DES. | Eleme nt No. | LOOP | Attributes | | | REPEAT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | PERCENT | FRM05 | 332 | 2440 | X | R | 1/6 | |
| 1191 | | | | | | SE | | 572 | R | | TRANSACTION SET TRAILER | | SE | | TRAILER | | | | 1 |
| | | | | | | # segments | | | | | | NUMBER OF INCLUDED SEGMENTS | SE01 | 96 | TRAILER | M | NO | 1/10 | |
| | | | | | | count from ST02 | | | | MUST MATCH ST02 | | TRANSACTION SET CONTROL NUMBER | SE02 | 329 | TRAILER | M | AN | 4/9 | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Rose is used for a Header or Table | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Lavender is used for a required loop | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Yellow identifies segments we are "skipping" | | | | | | | | |
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